

**CIRCUIT COURT FOR WASHINGTON COUNTY, MARYLAND**

24 Summit Avenue, Hagerstown, Maryland 21740

Criminal: 301-790-7941 General: 301-733-8660 Maryland Relay Service: 711

Case Number: CZ1 CR 23-120**STATE OF MARYLAND**

vs.

Defendant: Krystopher William Lomax2487773

SID No. _____

Tracking # 239000000116Convicted Count(s): 2-Poss. Fentanyl; 3-Poss. Cocaine; 4-Poss. MDMA; 7-Poss. ParaphernaliaSentence: 2-WCDE 1 yr CMC 3-WCDE 1 yr CMC 4-WCDE 1 yr CMCPart of Sentence Executed: 105 days Suspended: 7-WCDE 1 yr CMCCredit for Time Served: 105 days ☐ Balance of sentence suspended upon admission to treatment pursuant to HG § 8-507**PROBATION/SUPERVISION ORDER**☐ Probation Before Judgment (Criminal Procedure Article § 6-220)

IT IS ORDERED THAT the above-named Defendant:

☒ Be Unsupervised☐ Be Supervised by: ☐ Drinking Driving Monitor Program only ☐ Parole and Probation ☐ Sexual Offender Management Team ☐ Alternative Community Service: _____☐ Other: _____Length of Probation: 18 mo/yr(s) ☐ Lifetime Sexual Offender Supervision by Management TeamProbation begins ☒ on today☐ upon admission to residential substance abuse program.Your first appointment with the supervising agency is _____ and the place to report to is 100 W. Franklin Street Hagerstown, MD 21740. Your failure to report could result in your arrest.A. Standard Conditions: ☐ All Standard Conditions ☒ All Standard Conditions except Nos. 1, 3, 5 & 7

1. Report as directed and follow your supervising agent's lawful instructions.
2. Work and/or attend school regularly as directed and provide verification to your supervising agent.
3. Get permission from your supervising agent before: changing your home address, changing your job, and/or leaving the State of Maryland.
4. Obey all laws.
5. Notify your supervising agent at once if charged with a criminal offense, including jailable traffic offenses.
6. Get permission from the court before owning, possessing, using, or having under your control any dangerous weapon or firearm of any description.
7. Permit your supervising agent to visit your home.
8. Do not illegally possess, use, or sell any narcotic drug, controlled substance, counterfeit substance, or related paraphernalia.
9. Appear in court when notified to do so.

10. Pay all fines, costs, restitution, and fees as ordered by the court or as directed by your supervising agent through a payment schedule.

☒ Fine(s) of \$ 250.00 - CF 7 paid through ☐ Parole and Probation ☒ Clerk's Office ☐ Sheriff's Office

☒ Court costs of \$ 325.00 paid through ☐ Parole and Probation ☒ Clerk's Office

☐ Supervision fee of \$50/month paid through Parole and Probation ☐ Supervision fee waived

☐ Restitution of \$..... to
paid through ☐ Parole and Probation ☐ State's Attorney's Office by..... (Date)

☐ Public Defender fees of \$ to the Office of the Public Defender for counsel fees.

☐ Pay the following fees through Parole and Probation or

☐ Victims of Crime Fund \$

☐ CICF costs \$

☐ Other costs (Specify) \$

☐ The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to collect to the State's Central Collection Unit without the need of further court approval.

B. Special Conditions:

11. ☐ Provide DNA sample as required by law by(Date)

12. ☐ Submit to and pay for random urinalysis as directed by supervising agent.

13. ☒ Submit to, successfully complete, and pay required costs for ☐ alcohol ☐ drug ☐ alcohol and drug ☐ evaluation ☐ testing ☒ treatment ☐ education, as directed by your supervising agent.

Provide Serenity Treatment Completion Certificate

14. ☐ Attendself-help group meetings per week forweeks. ☐ Attendance may be modified by your supervising agent after weeks.

Refused to Att. Sanctions

15. ☐ Attend and successfully complete ☐ alcohol ☐ drug ☐ alcohol and drug ☐ treatment ☐ education program

16. ☐ Totally abstain from alcohol, illegal substances, and abusive use of any prescription drug.

17. ☐ Apply for alcohol restriction on driver's license within 10 days of trial date for year(s)/month(s).

18. ☐ Refrain from driving and/or attempting to drive after consuming alcohol.

19. ☐ Attend Victim Impact Panel meetings when notified.

20. ☐ Attend and successfully complete MVA Driver Improvement Program.

21. ☐ Have Ignition Interlock installed for months and pay costs. ☐ Employment vehicle exempted.

22. ☐ Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising agent.

23. ☐ Attend and successfully complete Special Health Education Program - Project SASOE

24. ☐ Attend and successfully complete parenting class.

25. ☐ Complete hours of community service by(Date), under the direction of
Alternative Sanctions 35 W. Washington St Suite 103 Hagerstown, MD 21740 and pay required fees.
26. ☐ Enroll in, pay any required costs for, and successfully complete treatment at
27. ☐ Attend and successfully complete domestic violence counseling at
..... by (Date) and pay required costs.
28. ☐ Have no contact with
.....
29. ☐ Do not enter or be found near
.....
30. ☐ Home confinement/detention to formonths.
☐ Special conditions (e.g. doctor's appointments, attending classes, etc.)
31. ☐ **Register as sexual offender** with the supervising authority under the provisions of Criminal Procedure
Article, Title 11, Subtitle 7:
- ☐ (1) A Tier I Sex Offender;
 - ☐ (2) A Tier II Sex Offender;
 - ☐ (3) A Tier III Sex Offender;
 - ☐ (4) A sexually violent predator;
 - ☐ (5) A Tier I Sex Offender who, before moving into this State, was required to register in another
State;
 - ☐ (6) A Tier II Sex Offender, Tier III Sex Offender, or sexually violent predator who, before
moving into this State, was required to register in another State;
 - ☐ (7) A Tier I, Tier II, Tier III Sex Offender, or a Sex Offender who is required to register in
another State, Jurisdiction, a federal, military, or tribal court, or a foreign government, who is
not a resident of this State, and who enters this State:
 - i.To reside or habitually live.
 - ii.To carry on employment or vocation that is full-time or part-time for a period
exceeding 14 days or for an aggregate period exceeding 30 days during a
calendar year, whether financially compensated, volunteered, or for the purpose
of government or educational benefit; or
 - iii.To attend a public or private educational institution, including a secondary school,
trade or professional institution, or institution of higher education, as a full-time or part-time
student.
 - iv.As a transient with the intent to be in the State for a period exceeding 14 days or
an aggregate period exceeding 30 days during the calendar year.
32. ☐ Electronic monitoring ☐ Electronic monitoring with stay-away alert technology
33. ☐ Other

C. 34. ☐ Comply with special conditions of lifetime supervision - see form#CC-DC-CR-136.

D. Recommendations to the supervising agency:

35. ☐ Transfer supervision to ☐ County/City, State of Maryland

☐ State under the Interstate Compact

36. ☐ Defendant shall keep appointment for HG§ 8-505 evaluation and shall immediately enter the recommended program upon admission.

☐ Defendant shall enter treatment program immediately upon admission.

☐ Defendant shall successfully complete treatment program and comply with terms of aftercare plan

37. ☐ Other

Judge:

Date: 5/2/2023

CONSENT

I have read, or have had read to me, the above conditions of probation. I understand these conditions and agree to follow them. I understand that if I do not follow these conditions, I could be returned to court and charged with a violation of probation.

If I fail to abide by the above conditions, the court could enter judgment against me and proceed with disposition as if I had not been placed under probation. I have been notified and understand that by consenting to and receiving a stay of judgment under Criminal Procedure Article, § 6-220, I waive my right to appeal from a judgment of guilty by the court in this case.

I understand that my failure to comply with Condition 10 may result in my case being referred to the State's Central Collection Unit, resulting in an additional collection fee as permitted by law without further approval of the court.

I understand that Parole and Probation may impose Graduated Sanctions upon me for any technical violation of the above conditions of probation, as authorized pursuant to Correctional Services Article § 6-111 and § 6-121

Defendant's Signature [Signature] 7-21-1982 5-2-23
Date of Birth Date

145 Brynwood Ave Hagerstown MD
Defendant's Address

[Signature]
Witness's Signature